Effective on 12/08/2004 *Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).* # FEE TRANSMITTAL # FOR FY 2007	*Complete if Known*	
	Application Number	10/670,787
	Filing Date	September 26, 2003
	First Named Inventor	HAN, Seung-Jun
	Examiner Name	HAN, Jason
☐ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2875
TOTAL AMOUNT OF PAYMENT ($)910.00	Attorney Docket No.	8733.953.00

METHOD OF PAYMENT (check all that apply)

■ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): _____

☐ Deposit Account   ■ Deposit Account Number **50-0911**   ☐ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

■ Charge any additional fee(s) or underpayments of fee(s)   ■ Credit any overpayments
   under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fees Paid ($)**
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**		**Multiple Dependent Claims**	
_____ - 20 or HP =	_____ x	_____ =	_____		**Fee ($)**	**Fee Paid ($)**
HP = highest number of total claims paid for, if greater than 20					_____	_____

Indep. Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
_____ - 3 or HP =	_____ x	_____ =	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**	**Fee($)**	**Fee Paid ($)**
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

	Fee Paid ($)
Other: _____ Request for Continuation Examination (RCE) _____	$790.00
Other: _____ Petition for Extension of Time _____	$120.00

SUBMITTED BY			
Signature	*[signature]*	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Eric J. Nuss	40,106	Date: September 17, 2007

DC:50500039.1